



CELEBRATING THE PAST, EMBRACING THE FUTURE

2010 Oregon Reproductive Health Program Report

Oregon can be proud of its accomplishments in reproductive health services. Through the provision of Title X Family Planning services and OregonContraceptiveCare access, we have increased the quality, reliability, and availability of this specialized component of health care in our state.





Now more than ever

During the past 40 years, the U.S. health care system and the overall social environment have changed in ways that have dramatically increased the complexity and cost of providing services to groups served by family planning programs (e.g., social changes, technological advances, greater diversity, financing). The number of individuals requiring publicly funded family planning services has also undergone substantial shifts and grown dramatically.¹

Continued high unemployment due to the economic recession has had a profound effect on women's and families' desire and ability to limit their childbearing, leaving many without employer-based health insurance and access to reproductive health care.

OREGON LEADS NATION IN MEETING NEED

Despite the challenges of increasing demand for services, rising costs of contraceptives, supplies and diagnostics, and funding that has not kept pace with inflation, Oregon's Reproductive Health Program continues to:

- Leverage \$9 in federal funds for every \$1 the state contributes (for a total of nearly \$20 million in federal funding);
- Save \$7 for every \$1 spent, resulting in an astounding 700 percent return on investment of taxpayer dollars;²
- Direct 95 percent of all program funds to local program services.



Oregon leads the nation in innovative service delivery and financing models for reproductive health services:

- Oregon developed a model of integration between Title X and Medicaid family planning waiver programs to serve more uninsured and underinsured Oregonians. This integration has allowed Oregon to administer programs through one office, align policies and streamline communications.
- These and similar initiatives resulted in the expansion of family planning services in Oregon from 90 clinics serving 50,000 clients in 1999 to 155 clinics serving 112,508 clients in 2010.³

Oregon's Reproductive Health Program serves as a model family planning program nationally:

- The Centers for Medicare and Medicaid Services (CMS) declared that the strategies used by the Oregon **Contraceptive**Care (CCare) Program (formerly known as FPEP) have been effective in achieving increases in the availability of contraceptive services, building service capacity, reducing the number of unintended pregnancies and increasing access to primary care services.

“Among the biggest advances of the family planning programs are the efforts in three states to pioneer an innovative way to expedite the application process. Oregon, California and Iowa allow clients to sign up for family planning coverage at the point of service, receive services and — for the first time in a Medicaid program — leave their provider's office officially enrolled in the program.”

Rachel Benson Gold, 2008

1960

FDA approves the birth control pill and it becomes the leading reversible method used in the U.S.



1965

U.S. Supreme Court establishes a married couple's right to use birth control in *Griswold vs. Connecticut*.



Milestones in reproductive health¹

- One of the strengths of Oregon's Reproductive Health Program is the collaboration and coordination with its providers and other stakeholders. The program's strong working relationships have resulted in achieving expansive program goals. CMS has acknowledged the exemplary work of program staff and looks forward to their continued efforts in meeting or exceeding program objectives.⁴

OREGON'S REPRODUCTIVE HEALTH PROGRAM DELIVERS ESSENTIAL HEALTH SERVICES

In the current economy, women report a variety of cost constraints on access to contraceptive services and their ability to pay for birth control. Women report having a harder time paying for birth control than in the past and risking their health by putting off critical gynecological and birth control visits to save money.⁵

Oregon's Reproductive Health Program expands access to care while delivering a wide range of services, including:

- Birth control methods, including vasectomy and emergency contraception (EC);
- Counseling and education;
- Physical exams with breast, cervical and/or testicular cancer screenings;
- Diagnosis and treatment of sexually transmitted infections (STIs);
- STI/HIV prevention counseling;
- Infertility prevention and other services;
- Pregnancy tests;
- Information and referrals to other preventive health and social services;
- Specialized care services for sexual assault victims;
- Community outreach and education.

"No American woman should be denied access to family planning assistance because of her economic condition. I believe, therefore, that we should establish as a national goal the provision of family planning services ... to all who want but cannot afford them."

President Richard Nixon, 1970

CELEBRATING 50 YEARS OF REPRODUCTIVE HEALTH IN OREGON

"Growing recognition of the social, economic and health benefits of enabling women and couples to better control the number and timing of their pregnancies led to the establishment in 1970 of the Title X family planning program. Two years later, Congress required states to cover family planning under Medicaid. These programs remain the foundation of publicly funded family planning."⁸

Guttmacher Institute, 2009

1970

Oregon receives \$179,671 in federal funds for family planning in nine counties.⁹

President Nixon signs into law Title X of the Public Health Service Act.

1973

Oregon Legislature passes law declaring, "The Department of Health Resources and every county health department shall offer family planning and birth control services within the limits of allowable funds."

With a budget of \$1.1 million, Oregon's Title X program serves 20 counties, 42 clinics, and 28,785 clients.⁹

1999

CDC declares family planning as one of the most significant U.S. public health achievements in the 20th century.



Embracing the future

The Reproductive Health Program is part of the Oregon Health Authority (OHA) whose mission is to help people and communities achieve optimal physical, mental and social well-being through partnerships, prevention and access to quality, affordable health care.

To forward its mission, OHA has framed its goals within the Triple Aim for family health and wellness to: 1) improve the lifelong health of all Oregonians; 2) increase the quality, reliability, and availability of care for all Oregonians and; 3) lower or contain the cost of care so it is affordable to everyone.

The Oregon Reproductive Health Program addresses each of the Triple Aim goals in the following ways:

IMPROVING LIFELONG HEALTH

It is clear that access to and utilization of quality family planning services affect the entire family. Women and men who plan the timing of their pregnancies are more likely to: complete their education, have a better chance for employment, achieve economic security, obtain prenatal care and live healthy and productive lives.

Children born of wanted and welcomed pregnancies are more likely to: be breastfed as infants, have higher cognitive test scores when compared to children born as the result of an unintended pregnancy; have families who are better able to support their growth and development; are less likely to become teen parents; and are five times less likely to be poor.⁶

“Title X has been one of the strongest commitments our nation has made to the health of our families.”

U.S. Senator Jeff Merkley (D-OR) commemorating the 40th Anniversary of Title X Family Planning Services, Washington, D.C., June 24, 2010

INCREASING QUALITY, RELIABILITY AND AVAILABILITY OF CARE

For many clients, Oregon’s family planning clinics serve as an entry into primary and preventive health care. The program works to increase access to affordable, high quality health services by collaborating with a wide variety of partners including county health departments, Planned Parenthood affiliates, university and school-based health centers, migrant health centers, rural, and community health centers.

LOWERING OR CONTAINING COSTS

The progress Oregon’s Reproductive Health Program has made in reducing unintended pregnancy benefits the state’s economy and improves the educational, health and social prospects for this, and the next, generation of young adults.

In 2009, Oregon saved more than \$44 million from the reduction in unintended pregnancies alone.²

2000

Oregon launches the Family Planning Expansion Project (FPEP), expanding access to publicly funded family planning services with federal HCFA approval.



2004

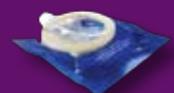
Teen pregnancy rate in Oregon is 45.8 for every 1,000 females aged 15-17, the lowest on record (record beginning in 1975).¹⁰

2005

A record number of low-income individuals receive services from Oregon’s family planning clinics.

2006

Oregon receives special Title X grant to provide free vasectomies for low-income men.



2007

Oregon Legislature passes contraceptive equity law.¹¹



OREGON'S REPRODUCTIVE HEALTH PROGRAM AT A GLANCE³

112,508 Oregonians received family planning services between July 1, 2009, and June 30, 2010, including:

- 26,484** Teens (19 and younger)
- 108,754** Women
- 3,754** Men
- 88,377** Clients with incomes at or below the federal poverty level
- 12,762** Clients with limited English-language skills

44.2% Proportion of the **243,674** Oregon Women In Need (WIN) of publicly funded family planning services who received program services⁷

16,911 Number of unintended pregnancies averted

2008

Oregon becomes the ninth state in the nation to require hospital emergency rooms to offer information and dispense emergency contraception to sexual assault victims.¹²

2010

The Pill turns 50; the latex condom turns 90; Title X Family Planning turns 40.

2010

Oregon Family Planning Expansion Project (FPEP) is renamed Oregon-ContraceptiveCare (CCare) as part of a new social marketing and branding strategy to urge people to "Turn Misconception into Contraception You Can Trust."⁸

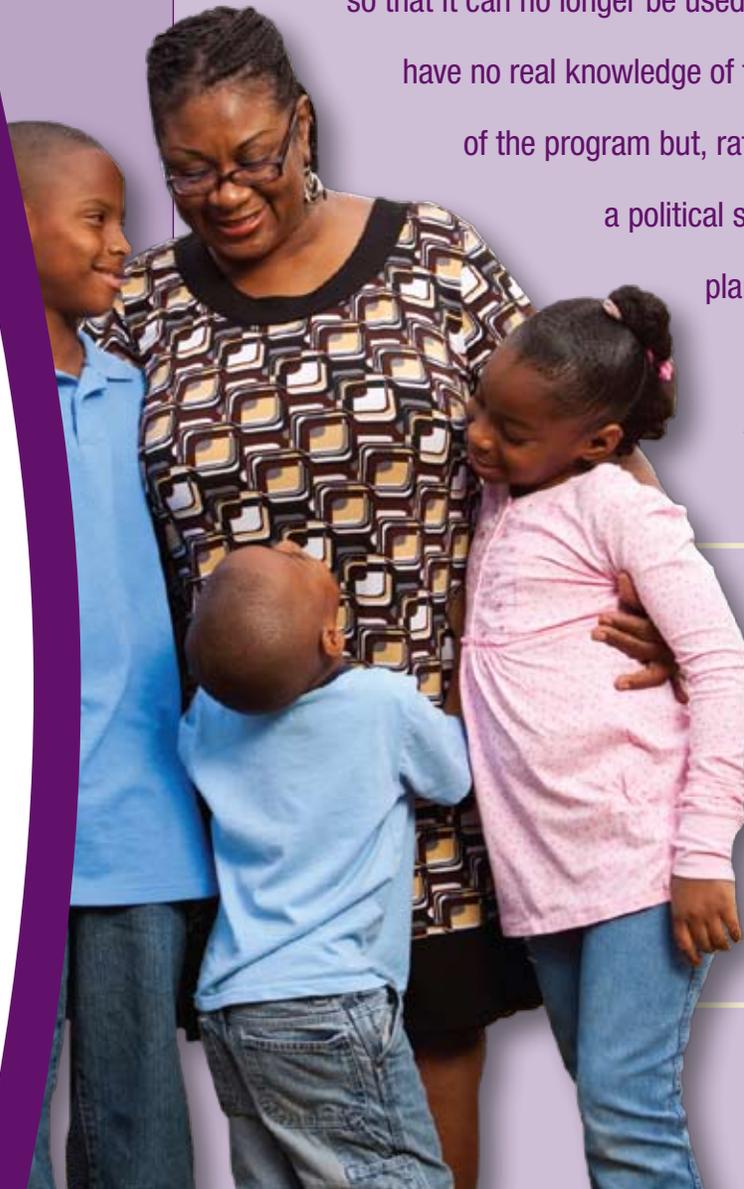


“Four decades ago, the U.S. government — acknowledging the health, social and economic benefits of helping women and couples to overcome their difficulties practicing contraception — began working toward a solution. The goal then and now is to ensure access to family planning services and supplies to every person who wants and needs them.”

Next Steps for America’s Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System, R.B. Gold, et al., 2009

“We need to make population and family planning household words. We need to take sensationalism out of this topic so that it can no longer be used by militants who have no real knowledge of the voluntary nature of the program but, rather, are using it as a political steppingstone. If family planning is anything, it is a public health matter.”

- Congressman George H.W. Bush, 1969



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4. Centers for Medicare and Medicaid Services, Division of Medicaid and Children's Health Operations, Region 10, Review of Family Planning Expansion Program State of Oregon, Feb. 10, 2009.
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